

AH/31

(2)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/744123
							CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		2		2			53	
4		2		2			54	
5		1		1			55	
6		1		1			56	
7		1		1			57	
8		1		1			58	
9	1		1				59	
10		1		1			60	
11		1		1			61	
12		1		1			62	
13		1		1			63	
14		1		1			64	
15							65	
16							66	
17				2			67	
18				1			68	
19							69	
20							70	
21							71	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2		2				TOTAL IND.	
TOTAL DEP.		2		2			TOTAL DEP.	
TOTAL CLAIMS	2	2	2	2			TOTAL CLAIMS	

PTO-1350 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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